

**Office of Vocational –Technical, Career and Adult Programs
Bureau of Adult Education and Literacy/ GED
Application for a State-Endorsed Diploma**

To assist us in responding to your request, please fill out this form as completely as possible. Print your answers, with the exception of the signature line

LAST NAME FIRST MI Social Security Number

Current Address (Street, City, State, Zip)

Telephone: () _____ Birth Date ____/____/____
Month Day Year

Date of High School Proficiency Test (HSPT, HSPA): ____
Month Day Year

Place of Testing: _____

Date of Withdrawal from School: ____
Month Day Year

Last School Attended: _____ Highest Grade: _____

Please check the appropriate statement(s):

_____ I have arranged to send to you an official transcript for scores on the High School Proficiency Test
(HSPT)

_____ I have arranged to send to you an official transcript (with seal) of 30 general educational course credits
taken at an accredited institution of higher education.

_____ I am enclosing documentation of my age and withdrawal from school.

_____ I am enclosing a five-dollar money order or certified check, payable to the Commissioner of Education.

Applicant's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____
(For 16 & 17 year olds only)